1	2	3	4	5	6
			Rs. in lakhs		Rs. in lakhs
12.	Haryana	610.59	523.42	394.23	
13.	Himachal Pradesh	156.09	143.88	102.93	
14.	Jammu & Kashmir	260.09	216.92	178.09	
15.	Karnataka	1015.83	1022.43	505.87	
16.	Kerala	316.91	270.93	203.13	
17.	Lakshadweep	4.27	1.58	2.61	
18.	Madhya Pradesh	1459.46	0.00	824.31	
19.	Maharashtra	1627.20	1434.61	1348.58	
20.	Manipur	98.96	101.06	65.60	
21.	Meghalaya	111.13	96.10	77.92	
22.	Mizoram	36.44	36.68	24.19	
23.	Nagaland	74.84	74.84	49.52	
24.	Orissa	513.33	0.00	325.14	
25.	Pondicherry	391.33	4.81	8.57	
26.	Punjab	3.91	147.43	254.56	
27.	Rajasthan	1653.38	427.05	870.30	
28.	Sikkim	21.54	21.57	14.08	
29.	Tamil Nadu	808.14	797.47	512.65	
30.	Tripura	114.59	114.59	76.03	
31.	Uttar Pradesh	10877.36	9502.92	11205.19	
32.	West Bengal	2004.03	1974.08	1609.80	
33.	Uttaranchal	326.37	317.33	355.64	
34.	Chhattisgarh	351.93	125.06	231.52	
35.	Jharkhand	841.65	222.92	705.65	
	TOTAL	**31224.10**	**20156.90**	**25628.77**	

After the completion of PPI rounds for the 2005-06 the States/UTs will report the expenditure.

WHO report on flu pandemic

1166. DR. M.A.M. RAMASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Health Organisation has warned an outbreak of flu pandemic which may cause heavy damage to human lives;

(b) if so, when the last time flu pandemic attacked the number of human lives lost;

(c) the steps taken by Government to combat the outbreak of all kinds of flu, be it avain flu or human flu; and

(d) the names of pharmaceutical companies which have started working on drugs to fight avain flu or human flu?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) World Health Organisation (WHO) has issued an alert that Bird Flu could spread to India and other countries from the very first time that the current outbreak of Avian Influenza Virus (H5N1) was first detected in the Republic of Korea in December, 2003.

The H5N1 virus may undergo a genetic change, either mixing with existing human influenza strain or mutating of its own, giving rise to a pandemic strain to which human population has no immunity, giving rise to a pandemic.

An estimated 40-50 million deaths occurred in the influenza pandemic of 1918-1919. The pandemics of 1957 and 1968 respectively were caused by the milder virus, each killed 1 to 4 million people.

No case of Bird Flu (Avian influenza) has been reported in India either in humans or birds in the current outbreak.

However, Government of India took adequate measures to prevent entry of Avian Influenza in to India and to contain the disease if it has to happen in poultry or humans. The measures instituted are:

* A Joint Monitoring Group under the Chairmanship of Director General of Health Services consisting members from Indian Council of Medical Research, National Institute of Communicable Diseases, World Health Organization and Department of Animal Husbandry is monitoring the situation ever since the WHO alerted the global community and advising appropriate actions to the Government.

* The Department of Animal Husbandry, Dairying & Fisheries has prepared and circulated an Action Plan for State Animal Husbandry Departments in respect of Bird Flu for taking action in case of suspicion of outbreak of the disease and also in the event of outbreak of Highly Pathogenic Avian Influenza (HPAI). A conference of the State Secretaries of Animal Husbandry was held regarding preparedness in case of outbreak of the disease.

* Department of Animal Husbandry has intensified surveillance and disease intelligence Samples so far tested at High Security Animal Disease

Laboratory (HSADL), Bhopal were found negative. Training has been imparted to the staff of the State Wildlife and the Animal Husbandry Department, how to collect and dispatch the samples to the laboratory for testing.

* There is a total ban in place against import of poultry and poultry related products from all countries affected with bird flu outbreak. Even birds [grand parent stock of poultry etc.] imported from highly pathogenic avian influenza free countries are subjected to quarantine and screening.

* Department of Environment and Forests has issued instructions to all their Wild Life Wardens to keep a watch on death of migratory birds in identified water bodies. Any unusual death among migratory birds would immediately be brought to the notice of Dept. of Animal Husbandry.

* Ministry of Health and Family Welfare is regularly reviewing the situation. A National Consultation Meeting on Pandemic Preparedness was held on 1st August, 2005 with all stakeholders to finalize pandemic preparedness and Response Plan.

* A contingency plan for managing human cases of avian influenza has been finalized detailing immediate action to be taken to deal with any suspected outbreak. The state level action plan has been discussed with the State Govt. personal protective equipments, stockpiling of drugs and Information Education Communication are being taken up in a phased manner.

* An Inter Ministerial Task Force has been constituted under the Chairmanship of Secretary (H&FW) to ensure availability of drugs, vaccines and all other aspects for management of Avian influenza in the country.

* National Institute of Communicable Diseases has been identified as the nodal agency for monitoring Avian Influenza and for investigating outbreaks. Under the aegis of ICMR, and Human Influenza surveillance network has been operationalized.

* The situation has also been reviewed by Committee of Secretaries on a monthly basis and Ministry of Home Affairs.

* There is no definitive treatment for human cases of avian influenza of a pandemic caused by a pandemic influenza strain. Antiviral drugs such as Oseltamivir, Zanamivir, Amantidine and Remantidine reduces viral load and improves the clinical outcome if given early. It is not known which drug would be effective for a pandemic strain. For treatment of human cases of Avian Influenza Oseltamirvir is recommended: M/s Roche of Switzerland

already manufactures the drug Oseltamivir (Tamiflu). Indian companies who have started working on the drug are M/s Cipla, M/s Hetero Drugs and M/s Ranbaxy.

HIV/AIDS awareness through NRHM

1167. SHRI THANGA TAMIL SELVAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government are considering to include the awareness programme to prevent HIV and AIDS in the National Rural Health Mission;

(b) if so, the details thereof;

(c) whether it is also a fact that the work done on HIV/AIDS was not enough to meet the challenge; and

(d) if so, the steps proposed to be taken by Government in this regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Sir. It is proposed to converge the National AIDS Control Programme efforts with those of National Rural Health Mission by developing a joint communication strategy and utilizing the health infrastructure at the district level and below for spreading awareness on HIV/AIDS etc.

(c) and (d) Despite past efforts, there are several issues that require to be up scaled and implemented more intensively such as:

* Preventive interventions targeting high-risk groups by adopting a multi-pronged strategy which includes peer counseling, behaviour change communication, treatment of Sexually Transmitted Infections (STI) condom distribution.

* Up scaling the preventive interventions among the general population through programmes for blood safety, voluntary counseling and testing services, Prevention of Parent to Child Transmission (PPTCT), Information Education and Communication (IEC).

* Raising awareness on preventive intervention particularly among the youth. School AIDS Education Programme (SAEP) is proposed to be extended to all the schools of secondary and senior secondary level. The youth involving NSS, NYKS, NSS scouts and guides are proposed to be mobilized and sensitized.

* Mainstreaming HIV/AIDS in all the ministries /departments.